

## Performance Goals and Indicators—Adult Plan

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### Criterion 1: Comprehensive Community-Based Mental Health Service Systems

#### **Performance Indicator**

Decreased rate of readmissions to State Psychiatric Hospitals within 30 days. Reduced Utilization of Psychiatric Inpatient Beds

#### **Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Target	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	8.9%	8.0%	8.0%	8.0%	8.0%
Numerator	144	136	161	161	167
Denominator	1,626	1,695	1,817	1,817	1,817

#### **Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

#### **Narrative Explanation**

Admissions/discharges increased during FY05, however, 30 day readmission rate decreased by .9%. Targets for FY06 and FY07 were set to maintain the current level of 30-day readmission rates. However, the Division of Mental Health will continue to work closely with the state psychiatric facility and the community mental health centers to look for opportunities in reducing the number of hospitalizations of individuals with SPMI.

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**Performance Indicator**

Decreased rate of readmissions to State Psychiatric Hospitals within 180 days. Reduced Utilization of Psychiatric Inpatient Beds

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	8.7%	6.8%	14.3%	10%	10%
Numerator	173	119	261	181	181
Denominator	1,998	1,744	1,817	1,817	1,817

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

During FY05, psychiatric admissions increased from previous fiscal years. In the past several years HSC has experienced a significant increase in admissions with a higher percentage being involuntary commitments versus voluntary admissions. As involuntary admissions have increased, the readmission rate for individuals has also increased. Targets for FY06 and FY07 have been set to reflect a decrease from current FY05 levels. The Division of Mental Health will continue to work closely with the state psychiatric facility and the community mental health centers to look for opportunities in reducing the number of hospitalizations of individuals with SPMI.

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**Performance Indicator**

Number of persons with SPMI receiving evidence-based practices through ACT.  
Evidence-based practices

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	212	225	219	223	225

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

Although the goal of 10 additional individuals receiving ACT was not achieved, there was an increase over FY2004 of seven individuals. As IMPACT programs are only located in 4 areas of the state, the addition of new individuals to the programs is dependent on staff to consumer ratio and maintaining fidelity to the ACT model.

The Division of Mental Health, along with IMPACT Programs have identified individuals who require the intense services that IMPACT provides. These individuals have failed numerous times in other community placements, and have had frequent psychiatric hospitalizations. The Division of Mental Health and the IMPACT Programs will continue to work together to assure there is a baseline fidelity to the evidence based ACT model, along with ensuring that services provided through IMPACT are outcome driven.

The Division of Mental Health believes that IMPACT is an important service to offer to adult consumers who have failed in less intensive services. Providing appropriate mental health services to these adults is a priority of the DMH and the mental health block grant legislation. The Division of Mental Health will continue to explore opportunities for increasing this evidence-based practice statewide.

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**Performance Indicator**

Number of persons with SPMI receiving evidence-based practice of Integrated Treatment. Evidence-based practices

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	49	62	44	50	55

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

The Division of Mental Health and the Division of Alcohol and Drug Abuse have a cooperative agreement regarding Serenity Hills. Serenity Hills is a custodial care facility providing services to adults with a co-occurring disorder, where alcohol/drug services and mental health services are integrated in a multidisciplinary model. The services are seamless, with a consistent approach and philosophy.

The original goal of 62 individuals being served through integrated treatment was over-estimated. SFY05 actually decreased from total served in SFY04. This decrease was due to longer length of stays for individuals. It is difficult to predict whether this trend will continue, therefore FY06 and FY07 numbers show moderate increases.

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**Performance Indicator**

Number of consumers reporting positively about outcomes. Client Perception of Care

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	NA	63%	56.4%	63%	70%
Numerator	NA	227	127	227	266
Denominator	NA	360	225	360	380

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting increased positive outcomes related to delivery of mental health services is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

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**Performance Indicator**

Percentage of consumers receiving CMHC services who report they are working

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	43.5%	46%	39.8%	46%	50%
Numerator	158	169	97	169	188
Denominator	363	367	244	367	376

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting increased employment opportunities is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

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**Performance Indicator**

Percentage of consumers receiving CMHC services who report participation in treatment planning

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	64.6%	72%	65.2%	72%	80%
Numerator	219	264	150	264	300
Denominator	339	366	230	366	376

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. However, the percentage did increase slightly from FY04 to FY05.

The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting participation in treatment planning is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system. The Division will also continue to work very closely with community mental health centers to ensure active participation in treatment.

**Performance Indicator**

Percentage of consumers receiving CMHC services who report increased levels of functioning

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	78.5%	83%	63.6%	83%	88%
Numerator	267	289	145	289	317
Denominator	340	348	228	348	360

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting increased levels of functioning related to delivery of mental health services is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.



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**Performance Indicator**

Percentage of consumers receiving CMHC services who report living independently

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	91.4%	92.6%	84.2%	92.6%	95%
Numerator	318	340	208	340	357
Denominator	348	367	247	367	376

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting independent living is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

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**Performance Indicator**

Percentage of consumers receiving CMHC services who report involvement in the criminal justice system during the last year

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	25.3%	21%	4.4%	15%	13%
Numerator	93	76	11	54	48
Denominator	368	361	250	361	370

**Goal**

Provide a comprehensive, organized community-based system of mental health care for adults with SPMI to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was attained. However, the Division of Mental Health does not feel this percentage is accurate across the state. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting decreased contact with the criminal justice system is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

## **Criterion 2: Mental Health System Data Epidemiology**

### **Performance Indicator**

Number of persons with SPMI Increased Access to Services

### **Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	21.8%	22.3%	24.2%	24.6%	25.2%
Numerator	3,654	3,738	4,063	4,132	4,221
Denominator	16,765	16,765	16,765	16,765	16,765

### **Goal**

Ensure all individuals statewide have access to appropriate mental health services.

### **Narrative Explanation**

The FY05 number of adults with SPMI includes additional individuals who were served through an expansion of funding received to alleviate waiting lists. The FY06 and FY07 targets include the number of individuals estimated to be served through the requested expansion based on waiting lists.

## Criterion 4: Targeted Services to Rural and Homeless Populations

### Name of Performance Indicator

Number of adults who are homeless, or at risk of homelessness, receiving PATH housing funds

### Population

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	27.6%	39.6%	NA	27.6%	27.6%
Numerator	718	1,031	NA	718	718
Denominator	2,603	2,603	NA	2,603	2,603

### Goal

Provide comprehensive mental health services to homeless and rural populations of adults with SPMI.

### Narrative Explanation

This goal was not attained. The Division of Mental Health does not break out number served by adults/children, therefore this number reflects total count of individuals both adults and children that received PATH funds. In FFY03, 1027 individuals were served through PATH. The Division, at the time of development of this Block grant based the targets for future years on that number. In FFY04 the Division of Mental Health reallocated PATH funding based on a statewide assessment of homeless individuals. The more urban areas of Sioux Falls and Rapid City have the largest homeless populations; therefore, PATH funding was reallocated to address the greater needs in these two areas. This reallocation, along with staff vacancies in both PATH Programs may explain the drop in numbers served through PATH. The final reports for FY05 PATH numbers are not due until the end of December. Therefore, actual FY05 numbers cannot be reported at this time.

Assuring that PATH resources are being provided appropriately and according to the needs of individuals in the target population is a primary goal of the mental health block grant law and a contingency of PATH funding. The Division of Mental Health will continue to monitor this performance indicator closely to ensure resources for PATH funding are being used appropriately,

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**Name of Performance Indicator**

Number of adults with SPMI receiving publicly funded services in catchment areas that are predominately frontier

**Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	21.6%	22.9%	27.8%	29.1%	30.4%
Numerator	169	179	218	228	238
Denominator	783	783	783	783	783

**Goal**

Provide comprehensive mental health services to homeless and rural populations of adults with SPMI.

**Narrative Explanation**

This goal was accomplished. The numbers reported are for adults receiving CARE mental health services.

Three Rivers Mental Health Center and Southern Plains Behavioral Health Services provide services in the most rural areas of South Dakota. These agencies also serve three of four of the State's largest Indian Reservations. Assuring access to mental health services for adults suffering from SPMI is a primary goal of the Division of Mental Health.

## **Criterion 5: Management Systems**

### **Name of Performance Indicator**

Average amount of public funds expended on mental health services for adults with SPMI

### **Population**

Adults with severe and persistent mental illness

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Target	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	3,212	3,136	2,830	2,854	2,838
Numerator	11,491,624	11,517,121	11,233,145	11,513,974	11,686,683
Denominator	3,578	3,673	4,063	4,034	4,118

### **Goal**

Ensure resources for services to adults with SPMI are allocated based on consumer need.

**Narrative Explanation**

Funding for FY05 decreased from FY04. Based on FY05 cost report information, the rate for reimbursement for CARE services was reduced. This rate change did not affect the actual level of services provided, but resulted in a more accurate rate of payment, and thereby a more accurate reporting of data on utilization of resources. The additional funding previously targeted in this area was then reallocated to support other community mental health center services. FY06 and FY07 targets are based on anticipated inflationary increases in FY06 and FY07.

## Performance Goals and Indicators– Children’s Plan

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### Criterion 1: Comprehensive Community-Based Mental Health Service Systems

#### Name of Performance Indicator

Maintain low rate of readmissions to State Psychiatric Hospitals within 30 days.  
Reduced Utilization of Psychiatric Inpatient Beds.

#### Population

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	.4%	.5%	2.4%	2%	2%
Numerator	1	1	6	5	5
Denominator	255	218	251	251	251

#### Goal

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

#### Narrative Explanation

This goal was not attained. South Dakota is currently working to serve more children in-state (especially adolescents in the custody of the Department of Corrections). With this change, HSC has seen an increase in admissions and readmissions from adolescents who were previously in out-of-state placements. The Division of Mental Health will continue to monitor this performance indicator very closely to ensure children are receiving appropriate care and quality services.



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**Name of Performance Indicator**

Maintain low rate of readmissions to State Psychiatric Hospitals within 180 days.

Reduced Utilization of Psychiatric Inpatient Beds

**Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	.5%	.5%	1.6%	1%	1%
Numerator	1	1	4	3	3
Denominator	218	218	255	255	255

**Goal**

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. South Dakota is currently working to serve more children in-state (especially adolescents in the custody of the Department of Corrections). With this change, HSC has seen an increase in admissions and readmissions from adolescents who were previously in out-of-state placements. The Division of Mental Health will continue to monitor this performance indicator very closely to ensure children are receiving appropriate care and quality services.

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**Name of Performance Indicator:** Number of youth reporting positively about outcomes.

**Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	NA	71%	62%	71%	75%
Numerator	NA	105	60	105	120
Denominator	NA	148	97	148	160

**Goal**

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting increased positive outcomes is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

**Name of Performance Indicator**

Percentage of youth receiving CMHC services who report participation in treatment planning.

**Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	72.7%	84%	68.4%	84%	90%
Numerator	80	120	65	120	142
Denominator	110	143	95	143	158

**Goal**

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting increased participation in treatment planning is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

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**Name of Performance Indicator**

Percentage of youth receiving CMHC services who report increased levels of functioning.

**Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	71.3%	73%	80.4%	82%	85%
Numerator	82	105	78	118	136
Denominator	115	144	97	144	160

**Goal**

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was accomplished.

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**Name of Performance Indicator**

Percentage of youth receiving CMHC services who report their families are receiving services from CMHC

**Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	76.2%	90.1%	56%	90.1%	92%
Numerator	166	121	47	121	138
Denominator	218	138	84	138	150

**Goal**

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting involvement of family in mental health services is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

**Name of Performance Indicator**

Percentage of youth receiving CMHC services who report involvement in the juvenile justice system.

**Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	21%	20%	13.3%	15%	13%
Numerator	29	28	13	21	20
Denominator	140	141	98	141	155

**Goal**

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

**Narrative Explanation**

This goal was not attained. The response rate to the MHSIP surveys this year was lower than in previous years, thereby contributing to the inability to meet or exceed the goal. This year, the DMH used a single mail out of surveys instead of a double mail out of surveys, as has been done in past years.

The Western Interstate Commission for Higher Education (WICHE) conducts the data analysis and reporting on the MHSIP Surveys for South Dakota. In consultation with WICHE regarding the changes in percentages, the actual statistics reflect no dramatic changes in responses from previous years (this is based on comparison of the mean response scores and the confidence intervals for those scores). This comparison is more statistically valid than looking at actual percentage scores for responses to items.

Ensuring individuals are reporting decreased criminal justice system contact is an important indicator for the Division of Mental Health. The Division will explore possible reasons for the drop in percentages, as well as return to the dual mail out of surveys, to ensure appropriate, consumer driven services are being provided to individuals within the community based mental health system.

## **Criterion 2: Mental Health System Data Epidemiology**

### **Name of Performance Indicator**

Number of persons with SED; Increased Access to Services

### **Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	29%	29.6%	30.9%	31%	31%
Numerator	4,484	4,571	4,769	4,795	4,795
Denominator	15,453	15,453	15,453	15,453	15,453

### **Goal**

Ensure all individuals statewide have access to appropriate mental health services.

### **Narrative Explanation**

This goal was attained. The FY05 number of children with SED includes additional individuals who were served through an expansion of funding received to alleviate waiting lists. The FY06 and FY07 targets include the number of individuals estimated to be served through the requested expansion based on waiting lists.

### **Criterion 3: Children's Services**

#### **Name of Performance Indicator**

Number of youth referred for mental health services through the Intensive Family Services Program (IFS)

#### **Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	72	75	61	65	68

#### **Goal**

Provide a comprehensive, organized community-based system of mental health care for children with SED to include access to an array of appropriate services and resources.

#### **Narrative Explanation**

This goal was not attained. This program provides mental health services to families of youth in DOC placements. Referrals for such services are made through an IFS social worker within the Department of Social Services. At this time, the Division is unsure what caused the reduction in referrals.

In September 2005, the Department of Corrections, Department of Social Services and the Department of Human Services met to review and evaluate the Intensive Family Services Program. Discussions approached ways to improve coordination and communication among agencies, thereby increasing referrals into the IFS program.

The Division of Mental Health will continue to work with the Department of Corrections and the Department of Social Services to ensure families are receiving mental health



services that will allow the children to remain in the home, rather than being moved to outside placements.

#### **Criterion 4: Targeted Services to Rural and Homeless Populations**

##### **Name of Performance Indicator**

Number of children who are homeless, or at risk of homelessness, receiving PATH housing funds.

##### **Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Projected	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	27.6%	27.6%	NA	27.6%	27.6%
Numerator	718	718	NA	718	718
Denominator	2,603	2,603	2,603	2,603	2,603

##### **Goal**

Provide comprehensive mental health services to homeless and rural populations of children with SED.

##### **Narrative Explanation**

This goal was not attained. The Division of Mental Health does not break out number served by adults/children, therefore this number reflects total count of individuals both

adults and children that received PATH funds. In FFY03, 1027 individuals were served through PATH. The Division, at the time of development of this Block grant based the targets for future years on that number. In FFY04, the Division of Mental Health reallocated PATH funding based on a statewide assessment of homeless individuals. The more urban areas of Sioux Falls and Rapid City have the largest homeless populations; therefore, PATH funding was reallocated to address the greater needs in these two areas. This reallocation, along with staff vacancies in both PATH Programs, may explain the drop in numbers served through PATH. The final reports for FY05 PATH numbers are not due until the end of December. Therefore, actual FY05 numbers cannot be reported at this time.

Assuring that PATH resources are being provided appropriately and according to the needs of individuals in the target population is a primary goal of the mental health block grant law and a contingency of PATH funding. The Division of Mental Health will continue to monitor this performance indicator closely to ensure resources for PATH funding are being used appropriately,

## **Criterion 5: Management Systems**

### **Name of Performance Indicator**

Average amount of public funds expended on mental health services for children with SED.

**Population**

Children with serious emotional disturbance.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2004 Actual	FY2005 Target	<b>FY2005 Actual</b>	FY2006 Target	FY2007 Target
Performance Indicator	1,387	1,578	1,435	1,471	1,493
Numerator	5,358,608	6,225,538	5,917,060	6,064,987	6,155,962
Denominator	3,859	3,946	4,123	4,261	4,370

**Goal**

Ensure resources for services to children with SED are allocated based on consumer need.

**Narrative Explanation**

FY05 Target numbers were based on inflationary increase projections that were higher than what was actually allocated. FY06 and FY07 targets are based on anticipated inflationary increases for FY06 and FY07. The Division of Mental Health will continue to monitor expenditures to ensure resources are being allocated appropriately.